



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

| |
|------------------------------------|
| FILE NUMBER |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |

COMMITTEE INFORMATION

| | |
|--|--|
| 1. Full Name of Committee (as on Statement of Organization) BOB SMITH FOR CITY COUNCIL <input type="checkbox"/> Check if this is a new name | |
| 2. Acronym or Abbreviated Name (if any) BOB SMITH | 3. Committee Telephone Number (317) 902-0066 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 1278 BRIDGEPORT DR. | |
| 5. City, State, ZIP Code WESTFIELD, IN 46074 | 6. Party Affiliation (if applicable) |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (include any nickname) ROBERT P. SMITH II | 8. Party Affiliation or If Independent Candidate REPUBLICAN |
| 9. Office Sought (include district number, if any. Not required for exploratory committee.) CARMEL CITY COUNCIL DISTRICT #2 | 10. County of Residence HAMILTON |

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "C"); ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: **1-1-09** Through: **12-31-09**

13. Cash on hand and investments at the beginning of this reporting period.
14. Cash on hand and investments January 1, current year.

| COLUMN A This Period | COLUMN B Year to Date |
|-------------------------|--------------------------|
| \$ 37.89 | \$37.89 |

CONTRIBUTIONS AND RECEIPTS
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)
15b. Unitemized
15c. Add lines 15a and 15b in both columns
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

| | |
|-------|-------|
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 37.89 | 37.89 |

EXPENDITURES
(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B); Public Question: use Schedule C)
17b. Unitemized
17c. Add lines 17a and 17b in both columns
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)
19. Debts OWED BY the committee (use Schedule D)
20. Debts OWED TO the committee (use Schedule E)

| | |
|-------|-------|
| 37.89 | 37.89 |
| 0 | 0 |
| 37.89 | 37.89 |
| 0 | 0 |

I CERTIFY
Signature
Signature
WARNING: files a fraud Campaign F

CERTIFICATION
BY MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.
Title **TREASURER** Date **1-16-10**
Date **1-16-10**
for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY



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OF A POLITICAL COMMITTEE

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(CFA-4. SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|---|--|-----------------------------------|--|------------------------|
| Code <u>0</u> NATIONAL CITY/BANK ONE NATIONAL CITY PLAZA INDIANAPOLIS, IN 46255 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: BANK FEES | \$37.89 | | MONTHLY |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| Code | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$37.89 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$37.89 | | |